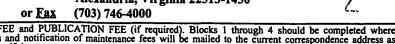
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Complete and send this form, together with applicable fee(s), to: Mail

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11/04/2003

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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/027,708	12/19/2001	James Holt	M-11811 US	4177

TITLE OF INVENTION: OVER-VOLTAGE PROTECTION CIRCUIT

APPLN. TYPE	SMALL ENTITY	ISSUE FEE		PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	\$1330)	\$300	\$1630	02/04/2004	
EXAMINER		ART UNIT		CLASS-SUBCLASS	7		
LAXTON, GARY L		2838		361-091100	J		
CFR 1.363). Change of correspond Address form PTO/SB/1 "Fee Address" indicat PTO/SB/47; Rev 03-02 Number is required. 3. ASSIGNEE NAME ANI PLEASE NOTE: Unless	tion (or "Fee Address" Indica or more recent) attached. Us D RESIDENCE DATA TO B	Correspondence tion form e of a Customer DE PRINTED ON 1	names of agents OR firm (having agent) and attorneys of will be printed. THE PATENT		attorneys or of a single attorney or tered patent dd, no name 3		
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